

Basic Volunteer Emergency Contact Form

Please complete this form to provide emergency contact information. This form is designed to be printed and kept on file.

Volunteer Information

Full Name:

Phone Number:

Email Address:

Home Address:

Primary Emergency Contact

Contact Person Full Name:

Relationship to Volunteer (e.g., Spouse, Parent, Friend):

Primary Phone Number:

Secondary Phone Number:

Secondary Emergency Contact

Contact Person Full Name:

Relationship to Volunteer:

Primary Phone Number:

Medical Information (Optional)

Please list any medical conditions, allergies, or medications we should be aware of in an emergency: